STATE LOAN REPAYMENT PROGRAM (SLRP/MLARP)
Part VI: Cultural Competency Requirements
APPLICATION DEADLINE: April 15, 2015

Cultural Competency Requirements for State Loan Repayment Agreement

HRSA programs serve culturally and linguistically diverse communities. Although race and ethnicity are thought to be dominant elements of culture, HRSA funded programs embrace a broader definition to include language, gender, socio-economic status, sexual orientation and gender identity, physical and mental capacity, age, religion, house status, and regional differences. HRSA and DHMH are committed to ensuring access to quality healthcare for all. Quality care means access to services, information, and materials delivered by competent providers in a manner which factors in the language needs, cultural richness, and diversity of the populations served. Quality also means that, where appropriate, data collection instruments should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available online at: http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15

To fulfill this cultural competency requirement, Clinicians and Sites are required to partake in some fundamental cultural competency activities.

For Clinicians: Clinicians will be required to complete 6 hours of continuing education credit in cultural, linguistic, and health literacy competency during each year of SLRP participation.

For Sites: Sites will complete an organizational assessment tool to evaluate their current integration of National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS), issued by HHS. DHMH will assist Sites in identifying technical assistance resources to help advance the Sites' implementation of the CLAS standards.

If awarded I agree to fulfill these cultural competency requirements:

_____ _____

Signature of Practitioner/Printed Name Date

For Sites: I agree to fulfill these cultural competency requirements if I have a Clinician who is awarded loan payment:

_____ _____

Signature of Site Administrator/Printed Name Date

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Instructions for Fulfilling SLRP Cultural Competency Requirements

For Clinicians:

Clinicians will be required to complete 6 hours of continuing education credit in cultural, linguistic, and/or health literacy competency during each year of SLRP participation. In addition to maintaining proof of attendance or course completion, participants would be expected to keep evidence of the specific topic areas that were addressed in the training (e.g., course outlines or syllabi, course materials/publications) and would be required to submit copies of these with proof of attendance to the DHMH Workforce Coordinator by June 30th or December 31st of each loan repayment obligation year (depending on obligation begin date).

Examples of potential sponsors of continuing education activities may include national and state-based health professional associations, state licensing boards, state or local health departments, accredited academic institutions, hospitals or hospital associations, and other accredited organizations in Maryland or another jurisdiction.

Suitable topic areas for continuing education would include the following:

- Health Disparities
- Community Health Strategies
- Bias and Stereotyping in Health Care
- Effective Health Communication Skills
- Use of Interpreters in Health Care
- Reflective Practices and the Culture of Health Professions

Additional details of learning objectives to be emphasized under each topic area and further instructions are explained in **Attachment A**.

For Sites:

Sites will complete an organizational assessment tool (questionnaire) to evaluate their current integration of national cultural competency standards. DHMH will assist Sites in identifying technical assistance resources to help advance implementation of the standards. The organization assessment questionnaire must be submitted to the DHMH Workforce Coordinator within 3 months of the SLRP practitioner's service obligation start date.

The site will be required to answer questions relating to the following categories: Community Engagements, Patient-Provider Communication and Language Services, Workforce Diversity and Training, Managerial and Operational Support, Care Delivery, and Data Collection.

Please see **Attachment B** for the required questionnaire and further instructions for completion.

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Attachment A (For Clinicians):

Continuing Education for Clinicians (SLRP/MLARP)

There is growing national momentum toward improving the cultural, linguistic, and health literacy competency of health professionals. With an increasingly diverse population, clinicians must be able to negotiate providing care for populations with differing understandings and expectations of their health status and how to effectively navigate the healthcare system.

The goal of training in the cultural, linguistic, and health literacy competencies is to enhance the knowledge, skills, and practice of health professionals so that they may play an even greater role toward improving healthcare consumer satisfaction, improving health outcomes, reducing the costs of care, and ultimately reducing healthcare disparities.

Examples of suitable topic areas for continuing education in cultural, linguistic, and health literacy competency would include those that address the following learning objectives:

A. **Health Disparities**

Knowledge

1. Define Race, Ethnicity, Culture, Health Literacy, and Health Disparities.
2. Identify national and local patterns of data on health disparities and health literacy.
3. Acknowledge barriers to eliminating health disparities (e.g., poverty, lack of health insurance, limited health literacy, limited education, and other social determinants of health).

Skills

1. Elucidate the epidemiology of disparities.
2. Critically appraise literature on disparities.
3. Gather and use local data to support Healthy People 2020.

Attitudes

1. Recognize disparities amenable to intervention.
2. Value eliminating disparities.
3. Express the attitude that it is the health care professional's duty to elicit and ensure patients' best possible understanding of their health care.

B. **Community Health Strategies**

Knowledge

1. Understand population health variability factors.
2. Describe challenges in cross-cultural communication.

3. Describe community-based elements and resources for helping patients improve health status and general literacy skills.
4. Identify community beliefs and health practices.

Skills
1. Discuss and describe methods to collaborate with communities to address needs.
2. Describe methods to identify community leaders.
3. Propose a community-based health intervention.

Attitudes
1. Describe how to address social health determinants.

C. **Bias and Stereotyping in Health Care**

Knowledge
1. Identify how race and culture relate to health.
2. Identify potential provider bias and stereotyping, including assumptions related to health literacy.

Skills
1. Show strategies to reduce bias in others.
2. Demonstrate strategies to address/reduce bias, including implementing principles of patient communication.
3. Describe strategies to reduce health professional bias.

Attitudes
1. Value historical impact of racism.

D. **Effective Health Communication Skills**

Knowledge
1. Describe cross-cultural communication, cultural competency and health literacy models and the potential interactions between culture and health literacy in patient/client-provider communication.
2. Recognize patients' spiritual and healing traditions and beliefs.

Skills
1. Elicit a cultural, social and medical history in the encounter interview in a non-shaming and non-judgmental manner.
2. Assess and enhance adherence, using general and cross-cultural patient/client communication models, health literacy tools, and other health professional assessment tools as appropriate in a non-shaming and non-judgmental manner.
3. Elicit patient/client full set of concerns and other appropriate information in a patient/client- or family-centered, nonjudgmental context at the outset of the encounter.

4. Use negotiating and problem-solving skills in conjunction with general and cross-cultural patient/client communication skills to negotiate a mutual agenda with patient at outset of encounter.
5. Practice a "universal precautions" approach with all patients/clients.

Attitudes

1. Respect patients'/clients' cultural beliefs.
2. Listen nonjudgmentally to health beliefs.
3. Express the attitude that effective communication is essential to the delivery of safe, high quality health care.
4. Express a non-judgmental, non-shaming and respectful attitude toward individuals with limited literacy (or health literacy) skills.

E. **Use of Interpreters in Health Care**

Knowledge

1. Describe functions of an interpreter.
2. List effective ways of working with an interpreter.

Skills

1. Demonstrate ability to orally communicate accurately and effectively in patients' preferred language, including identifying and collaborating with an interpreter when appropriate.

F. **Reflective Practices and the Culture of Health Professions**

Knowledge

1. Describe the provider-patient power imbalance.

Skills

1. Engage in reflection about own beliefs.
2. Recognize institutional cultural issues, including issues related to general patient communication.
3. Use reflective practices in patient care.

Attitudes

1. Value the need to address personal bias.
2. Express attitude that it is a responsibility of all members of the healthcare team to be trained and proactive in addressing the communication needs of patients.

For technical assistance or questions please contact:

Temi Oshiyoye, Workforce Coordinator
410-767-4467 ● Fax 410-333-7501● temi.oshiyoye@maryland.gov

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Submission of Proof or Attendance or Course Completion:
In addition to maintaining proof of attendance or course completion, participants would be expected to keep evidence of the specific topic areas that were addressed in the training (e.g., course outlines or syllabi, course materials/publications) and would be required to submit copies of these with proof of attendance to the DHMH Workforce Coordinator by June 30 or December 31 of each loan repayment obligation year (depending on obligation start date).

Please submit proof of attendance and course materials to:

Temi Oshiyoye, Workforce Coordinator, Attn: SLRP Application

Department of Health and Mental Hygiene ● Prevention and Health Promotion Administration

201 West Preston Street, 3rd floor ● Baltimore, MD 21201

410-767-4467 ● Fax 410-333-7501● temi.oshiyoye@maryland.gov

Sources:

- Coleman, Hudson, Maine, Culbert. "Health Literacy Competencies for Health Professionals: Preliminary results of a Modified Delphi Consensus Study." (Publication forthcoming).
- Lie DA, Boker J, Crandall S, DeGannes CN, Elliott D, Henderson P, Kodjio C, Seng L. "Revising the Tool for Assessing Cultural Competence Training (TACCT) for curriculum evaluation: Findings derived from seven US schools and expert consensus." Med Educ Online [serial online] 2008;13:11. Available at: http://www.med-ed-online.org
- Maryland Department of Health and Mental Hygiene, Office of Minority Health and Health Disparities and the University of Maryland College Park, School of Public Health. "Cultural Competency and Health Literacy Primer: A Guide for Teaching Health Professionals and Students." (Publication forthcoming)

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Attachment B (For Sites):
Cultural Competency Organizational Assessment for SLRP Practice Sites

As part of the State Loan Repayment Program agreement, Sites are required to complete an organizational assessment tool. The tool will be used by DHMH to assist Sites in identifying appropriate technical assistance resources that would help Sites advance their integration of national cultural competency standards. The organization assessment questionnaire must be submitted to the DHMH Workforce Coordinator within 3 months of the SLRP practitioner's service obligation start date.

For technical assistance or questions please contact:
Temi Oshiyoye, Workforce Coordinator
410-767-4467 ● Fax 410-333-7501● temi.oshiyoye@maryland.gov

Please provide narrative responses to the following questions:

Community Engagement

1. What strategies are currently used to ensure that the range and capacity of services at the practice site reflect the needs of the community?

2. In what ways does the community participate in determining the array of services and the manner in which services are delivered and evaluated?

3. What strategies are used to address potential barriers to service access and treatment adherence that may result from the effect of cultural, linguistic, and social determinants of health characteristics within the community (i.e., cultural differences in treatment seeking; limited health and behavioral health literacy; limited English proficiency; transportation limitations)?

Patient-Provider Communication and Language Services

1. What strategies are used to assess patient health literacy?

2. What tools do staff and/or clinicians use to help address health literacy needs?

3. What strategies are used to ensure the provision of services, verbal and written information (including signage), and educational materials in the languages of the community being served?

4. What methods are used to provide language interpretation services to limited English proficient patients?

5. What methods are used to inform patients of their right to receive language assistance services at no cost to the patient or family?

6. What strategies are in place for continually assessing and improving patient- and family-centered communication?

Workforce Diversity and Training

1. What particular strategies are in place to hire staff who reflect the diversity of the community being served (in terms of gender, race, ethnicity, and linguistic capabilities)?

2. Are there any particular staff recruitment initiatives that focus on hiring and retaining staff at all levels who are from the surrounding community? If so, please describe.

3. What strategies are in place to help ensure that all staff members (both clinical and non-clinical) have the appropriate knowledge and skills to deliver services in a culturally competent manner?

4. Please describe any trainings, practices, protocols, and policies that have been put in place to support a culturally-competent workplace (i.e., cultural competency training, diversity training, Title VI and EEOC protocols, etc.).

Managerial and Operational Supports

1. In what ways do the organization's goals, policies, operational plans, and management accountability mechanisms reflect the need to provide culturally and linguistically appropriate services?

2. Have any previous organizational cultural competency assessments been conducted? If yes, what assessment tool was used?

Care Delivery

1. In what ways has the organization created a physical environment that is representative or accommodating to the cultures in the community being served?

2. How accessible is the organization to public transportation and to persons with disabilities?

3. What strategies are used to promote service utilization (i.e., appointment reminder calls; walk-in appointments; expanded service hours; transportation assistance; service delivery sites in a variety of community-based settings)?

4. What additional cultural healing traditions and informal community supports are used to enhance the comprehensiveness of and satisfaction with services provided?

Data Collection

1. Is patient race data collected?
   - If yes, what categories are used?
   - Is this data available to the clinician during the patient encounter?

2. Is patient ethnicity data collected (e.g. Hispanic/Latino)
   - If yes, what categories are used?
   - Is this data available to the clinician during the patient encounter?

3. Is patient language data collected?
   - If yes, what categories are used?
   - Is this data available to the clinician during the patient encounter?

4. Are clinical performance measures stratified by **gender, race, ethnicity, and language**?
   - If yes, what measures are stratified under each of these variables?

5. Is patient experience data, such as CAHPS (Consumer Assessment of Healthcare Providers and Systems) collected?
   - If yes, is patient experience data stratified by **gender, race, ethnicity and/or language**?

This questionnaire will be submitted through Survey Monkey. A link will be provided to sites with awarded applicants to complete the survey via Survey Monkey

References

National Quality Forum. (2009) "Comprehensive Framework and Preferred Practices for Measuring and Reporting Cultural Competence: A Consensus Report". Available at: http://www.qualityforum.org/Publications/2009/04/A_Comprehensive_Framework_and_Preferred_Practic es_for_Measuring_and_Reporting_Cultural_Competency.aspx

Smedley, Brian et al (ed.). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: Institute of Medicine, 2002.

U.S. Department of Health and Human Services, Office of Minority Health. (2001) "National Standards for Culturally and Linguistically Appropriate Services in Health Care". Available at: http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15. (Revised HHS/OMH standards will be released later in 2012.

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